| Case 16-04756 Doc 1 Fill in this information to identify your case: | Filed 02/15/16 | Entered 02/15/16 20:10:31 age 1 of 74 | Desc Main |
|---|-------------------------------|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: | | |
| | Chapter 7 Chapter 11 | | |
| | Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|--|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Dushan First name | First name |
| Write the name that is on your government-issued picture identification (for example, your driver's | Middle name Williams | Middle name |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last | First name | First name |
| 8 years | Middle name | Middle name |
| Include your married or | Middle name | wilddie name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX | xxx - xx |
| Security number or | OR | OR |
| federal Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

Dushar Case 16-04756 Doc 1 Filed 02/41/5/41/6 Entered 02/415/116 @20:410:31 Desc Main Debtor 1 Page 2 of 74 Document of the contract of th **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 2000 South 24th Ave Number Street Number Street Broadview Illinois 60155 Zip Code City State City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Dushar Case 16-04756 Doc 1 Filed 02/415/416 Entered 02/41/5/416 (20/410:31 Desc Main

| Dushar Case 16-04756 Doc 1 Filed 02/41/5/416 Entered 02/41/5/416 (20/410:31 Desc Main
| Dushar Case 16-04756 Doc 1 Filed 02/41/5/416 Entered 02/41/5/416 (20/410:31 Desc Main
| Dushar Case 16-04756 Doc 1 Filed 02/41/5/416 Page 3 of 74

Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District ____ When Case number MM / DD / YYYY 10. Are any bankruptcy ₩ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or When District Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Dushar Case 16-04756 Doc 1 Filed 02/41/5/13/6 Entered 02/415/116 (20:410:31 Desc Main Debtor 1 Page 4 of 74 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

counseling.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1: | | Ab | out Debtor 2 (S | pouse Only in a Joint Case): | |
|--|---|---|--|---|--|
| You must check one: | | You | ı must check one: | | |
| counseling agenc | ng from an approved credit ry within the 180 days before I filed this on, and I received a certificate of | | counseling agenc | ng from an approved credit ry within the 180 days before I filed this on, and I received a certificate of | |
| Attach a copy of the that you developed | e certificate and the payment plan, if any, with the agency. | | Attach a copy of the that you developed | e certificate and the payment plan, if any, with the agency. | |
| counseling agenc | ng from an approved credit ry within the 180 days before I filed this on, but I do not have a certificate of | | counseling agenc | ng from an approved credit ry within the 180 days before I filed this on, but I do not have a certificate of | |
| • | r you file this bankruptcy petition, by of the certificate and payment | | • | r you file this bankruptcy petition, by of the certificate and payment | |
| an approved ager services during th | ed for credit counseling services from ncy, but was unable to obtain those ne 7 days after I made my request, and nces merit a 30-day temporary waiver nt. | | an approved ager services during th | ed for credit counseling services from ncy, but was unable to obtain those he 7 days after I made my request, and nces merit a 30-day temporary waiver nt. | |
| attach a separate sl obtain the briefing, v | temporary waiver of the requirement, heet explaining what efforts you made to why you were unable to obtain it before you and what exigent circumstances required | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | |
| • | dismissed if the court is dissatisfied with ot receiving a briefing before you filed for | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | | |
| receive a briefing w certificate from the | ed with your reasons, you must still rithin 30 days after you file. You must file a approved agency, along with a copy of the eveloped, if any. If you do not do so, your ssed. | | receive a briefing w certificate from the | ed with your reasons, you must still rithin 30 days after you file. You must file a approved agency, along with a copy of the eveloped, if any. If you do not do so, your ssed. | |
| - | e 30-day deadline is granted only for cause aximum of 15 days. | | • | e 30-day deadline is granted only for cause aximum of 15 days. | |
| I am not required counseling becau | to receive a briefing about credit use of: | | I am not required counseling becau | to receive a briefing about credit use of: | |
| Incapacity. | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | |
| Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | |
| Active duty. | I am currently on active military duty in a | | Active duty. | I am currently on active military duty in a | |

military combat zone.

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

military combat zone.

If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Dushar Case 16-04756 Doc 1 Filed 02/11/5/13/6 Entered 02/41/5/116 (20/410:31 Desc Main Page 6 of 74 Document Document **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Dushan Williams Signature of Debtor 2 Signature of Debtor 1 Executed on _ 2/16/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael Spangler 6310219 | | | Date | 2/16/2016 |
|----------------------------------|--------|----------|------|----------------|
| Signature of Attorney for Debtor | | | | MM / DD / YYYY |
| Michael Spangler 6310219 | | | | |
| Printed name | | | | |
| Semrad Law Firm | | | | |
| Firm name | | | | |
| Number | Street | | | |
| | | <u> </u> | | 7.0.1 |
| City | | State | | Zip Code |
| Contact phone | | | | Email address |
| | | | | |
| Bar number | | | ; | State |

<u> Case 16-04756 Doc 1 Filed 02/15/16 Fntered 02/1</u>5/16 20:10:31 Desc Main Fill in this information to identify your case: Debtor 1 Dushan Williams First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$1,950.00 1b. Copy line 62, Total personal property, from Schedule A/B \$1,950.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$22,679.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$41.215.02 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$63,894.02 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,624.00 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,449.00

Debtor 1 DusharCase 16-04756 Doc 1 Filed 02/405/436 Entered 02/405/446 @00/40:31 Desc Main

First Name Document Page 9 of 74

Page 4 Answer These Questions for Administrative and Statistical Records

| Pai | t4: Answer These Questions for Administrative and Statistical Records | | | | | | | | | |
|---|--|---------------------------|----------|--|--|--|--|--|--|--|
| 6. / | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | |
| | ✓ Yes. | | | | | | | | | |
| 7. \ | 7. What kind of debt do you have? | | | | | | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. | | | | | | | | | |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Of this form to the court with your other schedules. | Check this box and submit | | | | | | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | Official | \$414.00 | | | | | | | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | | | |
| | From Part 4 on Schedule E/F, copy the following: | Total claim | | | | | | | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$22,679.00 | | | | | | | | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | | | | | | | | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | | | | |
| | 9d. Student loans. (Copy line 6f.) \$0.00 | | | | | | | | | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$0.00 | | | | | | | | | | |
| | priority claims. (Copy line 6g.) | | | | | | | | | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$0.00 | | | | | | | | |
| | 9g. Total. Add lines 9a through 9f. | \$22.679.00 | | | | | | | | |

| | | Case 16-04756 | Doc 1 | Filed 02/15/16 | Entered 02/1 | 5/16 20:10:31 | Desc M | ain |
|--|--|--|---|---|---|---|--|---|
| Fill in this | informa | ation to identify your case: | | | - U | | | |
| Debtor 1 | | Dushan First Name | Middle | Willian Name Last N | _ | | | |
| Debtor 2 (Spouse, i | f filing) | First Name | Middle | Name Last N | lame | | | |
| United Sta | ates Ba | nkruptcy Court for the: | Northern | District of III | | | | |
| Case num | ber | | | (8 | State) | | | |
| Officia | al Fo | orm 106A/B | | | | 1 | | Check if this is an amended filing |
| | | A/B: Propei | 'tv | | | | | 12/1 |
| category we sponsib write your Part 1: | vhere y le for s name a Desci | ou think it fits best. Be supplying correct inforn and case number (if kno ribe Each Residenc | as complete and nation. If more s wn). Answer evo e, Building, l | an asset only once. If and accurate as possible. It pace is needed, attach a ery question. Land, or Other Real any residence, building | f two married people a separate sheet to t I Estate You Owr | e are filing together, both his form. On the top of n or Have an Intere | h are equally any additiona | |
| V | | o to Part 2 | | , | ,, p | p9. | | |
| | Yes. V | /here is the property? | | What is the property? | ? Check all that apply. | Do not deduct s | ecured claims | or exemptions. Put |
| 1.1 | Street | address, if available, or o | ther description | Single-family home Duplex or multi-unit | | the amount of a | ny secured clai | ms on Schedule D: Secured by Property. |
| | | | | Condominium or co Manufactured or mo | • | Current value entire property | | rent value of the tion you own? |
| | Numb | er Street State | Zip Code | Land Investment property Timeshare Other | , | Describe the n interest (such the entireties, | as fee simple, | , tenancy by |
| | · | | · | • | or 2 only debtors and another u wish to add about | ck one. Check if the character (see instruction) this item, such as local | , | nity property |
| If you o | own or I | nave more than one, list he | ere: | property identificatio | in number. | | | |
| 1.2 | Street | address, if available, or o | ther description | What is the property' Single-family home Duplex or multi-unit Condominium or co | t building | the amount of a | ny secured clai Have Claims S of the Cur | or exemptions. Put ms on Schedule D: Secured by Property. |
| | Numb | er Street | | Manufactured or mo | obile home | Describe the n | ature of your | , tenancy by |
| | City | State | Zip Code | Who has an interest i Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the debtor | or 2 only debtors and another u wish to add about | the entireties, Check if the see instruction in this item, such as local | nis is commu uctions) | <u></u> |

| Debtor 1 | DusharCase 16-047 | 56 Doc 1 F | <u>Filed 02/นิเธิ/นิธ์ Entered 02/นิเธิ/นิธ์</u> Documeที่เขา Page 11 of 74 | 6@0:40: <u>31 Des</u> | c Main |
|-----------|---|---|--|---------------------------|--|
| 1.3 | et address, if available, or oth | | hat is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amount of any secure | |
| City | State | Zip Code | Timeshare Other | the entireties, or a life | |
| | | | Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| | | pro ion you own for all o | her information you wish to add about this item, operty identification number: f your entries from Part 1, including any entries | for pages | |
| | Describe Your Vehicle | | | | |
| ou own th | at someone else drives. If you ns, trucks, tractors, sport utilit | lease a vehicle, also re | ny vehicles, whether they are registered or not? In eport it on Schedule G: Executory Contracts and Unex s | | |
| | Make Model: Year: Approximate mileage: Other information: 1997 BMW 5 Series I (car is drive-able) | BMW 5 Series I 1997 180000 in tennessee and not | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$350.00 |
| 3.2 | Make Model: Year: Approximate mileage: Other information: | | instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | | | Check if this is community property (see instructions) | | |

| | Dushar Case 16-04756 Doc 1 | Filed 02/415/416 Entered 02/415/416 | 60 (12849) 14 U:31 Des | <u>c Main</u> | |
|----------|--|---|--|--|--|
| | First Name Middle Name | Document Page 12 of 74 | | | |
| 3.3 | Make Model: | Who has an interest in the property? Check one. | Do not deduct secured cl | aims or exemptions. Put ed claims on <i>Schedule D:</i> | |
| | Year: | Debtor 1 only | • | nims Secured by Property. | |
| | Approximate mileage: | | c. ca.toro vino riavo ciamio decarda by i Toporty. | | |
| | | Debtor 2 only | Current value of the | Current value of the | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see instructions) | | | |
| 3.4 | | Who has an interest in the property? Check | Do not deduct secured cl | | |
| | Model: | one. | the amount of any secured claims on Schedule | | |
| | Year: | Debtor 1 only | Creditors vvno Have Cia | e Claims Secured by Property. | |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see instructions) | | | |
| ✓ | No Yes | ft, fishing vessels, snowmobiles, motorcycle accessories | , | | |
| | No Yes | | | aims or exemptions. But | |
| | No | Who has an interest in the property? Check one. | Do not deduct secured cl | laims or exemptions. Put | |
| | No Yes Make | Who has an interest in the property? Check | Do not deduct secured cl | • | |
| | No Yes Make Model: | Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. | |
| | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cl | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| | No Yes Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. | |
| | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property. Current value of the portion you own? | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put dd claims on Schedule D: | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? aims or exemptions. Put | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | d claims on Schedule D: nims Secured by Property. Current value of the portion you own? daims or exemptions. Put dd claims on Schedule D: | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. Current value of the | |
| 4.1 | No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. Current value of the | |
| 4.1 | Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classes Current value of the entire property? | d claims on Schedule D: hims Secured by Property. Current value of the portion you own? daims or exemptions. Put ded claims on Schedule D: hims Secured by Property. Current value of the | |

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| Do you own or ha | ave any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|--|
| 6. Household goods | and furnishings | |
| Examples: Major app | liances, furniture, linens, china, kitchenware | |
| No | | |
| Yes. Describe | Used Furniture | \$500.00 |
| • | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music s; electronic devices including cell phones, cameras, media players, games | |
| ✓ No | | |
| Yes. Describe | | |
| · · | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; in, or baseball card collections; other collections, memorabilia, collectibles | |
| ✓ No | | |
| Yes. Describe | | |
| | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments | |
| ✓ No | | |
| Yes. Describe | | |
| 10. Firearms Examples: Pistols, rifl ✓ No ✓ Yes. Describe | es, shotguns, ammunition, and related equipment | |
| 11. Clothes Examples: Everyday No | clothes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe | Used Clothing | \$500.00 |
| 12. Jeweiry Examples: Everyday j | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er | |
| ✓ No | | |
| Yes. Describe | | |
| 13. Non-farm animal Examples: Dogs, cat | | |
| No | | |
| Yes. Describe | | |
| 14. Any other persor | aal and household items you did not already list, including any health aids you did not list | |
| ✓ No | | |
| Yes. Describe | | |
| 15. Add the dollar va | lue of all of your entries from Part 3, including any entries for pages you have attached | 0.000.55 |
| for Part 3. Write that | | \$1000.00 |

Debtor 1 Dushar Case 16-04756 Doc 1 Filed 02/115/136 Entered 02/115/136 (20):10:31 Desc Main

st Name Middle Name Documerit Page 14 of 74

Describe Your Financial Assets

Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: **ECU Checking** \$600.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

| Deb | First Name | 0-04730 DUC 1 FII Middle Name F | Document | <u>Enlereu</u> wasenombeo | and water in the second | Desc Main |
|-----|---|---|---|-------------------------------------|--|-----------|
| 20. | Negotiable instruments in | crate bonds and other negotian clude personal checks, cashiers' nts are those you cannot transfer | able and non-negoti checks, promissory n | otes, and money orders. | | |
| | _ | nis are those you cannot transier | to someone by signin | g or delivering them. | | |
| | ✓ No | | | | | |
| | Yes. Give specific information about them | Issuer name: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 21. | | accounts A, ERISA, Keogh, 401(k), 403(b) | , thrift savings accour | nts, or other pension or profit-sha | iring plans | |
| | ∐ No | Type of account: | Institution name: | | | |
| | Yes. List each account separately. | 401(k) or similar plan: | TSP through Navy | 1 | | |
| | | Pension plan: | | | | |
| | | · | | | | |
| | | IRA: | | | | |
| | | Retirement account: | | | | |
| | | Keogh: | | | | |
| | | Additional account: | | | | - |
| | | Additional account: | | | | |
| 22. | Examples: Agreements v companies, or others | orepayments deposits you have made so that you with landlords, prepaid rent, public | | | | |
| | ✓ No | | Institution name: | | | |
| | Yes | Electric: | | | | |
| | | Gas: | | | | |
| | | Heating oil: | | | | |
| | | Security deposit on rental unit: | | | | |
| | | Prepaid rent: | | | | |
| | | Telephone: | - | | | |
| | | • | | | | |
| | | Water: | | | | |
| | | Rented furniture: | | | | |
| | | Other: | | | | |
| 23. | | a periodic payment of money to y | ou, either for life or fo | r a number of years) | | |
| | ✓ No ☐ Yes | Issuer name and description: | | | | |
| | | | | | | |
| | | | | | | |

| Debte | or 1 | DusharCa First Name | <u>ase 1</u> | 6-04756 | Doc 1 | | 02/11/5/136 cumetht | | | 6@0:40: <u>31</u> | Desc Main | |
|-------|----------|---------------------------------------|--------------|------------------------------------|------------------------------------|--------------|------------------------|-----------------|-------------------|---------------------|--|---|
| 24. | | | | ntion IRA, in a o, 529A(b), and | | a qualifie | d ABLE progra | m, or under | a qualified sta | te tuition program. | | |
| | | No Yes | Institution | on name and d | escription. Sep | arately file | the records of a | ny interests.1 | 1 U.S.C. § 521(| c): | _ | |
| 25. | | rcisable fo | or your l | | ts in property | (other th | an anything lis | ed in line 1) | , and rights or | powers | | |
| 26. | Pate | Yes. Desc ents, copy | | trademarks, t | rade secrets, | and other | · intellectual pro | pperty | | | | |
| | _ | <i>mples:</i> Inte No Yes. Desc | | nain names, we | ebsites, procee | ds from ro | yalties and licens | sing agreeme | nts | | | |
| 27. | | | | | eneral intangil e licenses, coo | | ssociation holdin | gs, liquor lice | nses, professio | nal licenses | | |
| | ✓ | No Yes. Desc | cribe | | | | | | | | | |
| Mon | ey (| or prope | erty ov | ved to you' | ? | | | | | | Current value of th portion you own? Do not deduct secured claims or exemptions. | е |
| 28. | Тах | refunds ov | wed to y | ou | | | | | | | · | |
| | ✓ | No | | | | | | | | | | |
| | | Yes. Give s about | | nformation ncluding wheth | er | | | | | Federal: | | |
| | | you a | Iready fil | ed the returns | | | | | | State: | | |
| 20 | Fa | | - | ears | | | | | | Local: | - | |
| | | nily suppor <i>npl</i> es: Past | | ump sum alimo | ny, spousal su | oport, child | support, mainte | nance, divorc | e settlement, pro | operty settlement | | |
| | ✓ | No | | | | | | | | | | |
| | | Yes. Give s | specific in | nformation | | | | | | Alimony: | | |
| | | | | | | | | | | Maintenance: | | |
| | | | | | | | | | | Support: | | |
| | | | | | | | | | | Divorce settlement | : | |
| | | | | | | | | | | Property settlemen | t: | |
| | | | | one owes you es, disability ins | | nts, disabi | lity benefits, sick | pay, vacation | pay, workers' co | mpensation, | | |
| | | Soci | ial Secur | ity benefits; un | oaid loans you | made to so | omeone else | | | | | |
| | _ | No 5 | | | | | | | | | | |
| | Ш | Yes. Descr | ibe | | | | | | | | | |

| Debt | tor 1 | DusharCase 16 First Name | 6-04756 | Doc 1 Middle Name | Filed 02/41/5/41/6 Document | Entered 02/415/1/5 | 16/20/10: <u>31 D</u> | esc Main |
|------|----------|---|-------------------|----------------------|---|----------------------------------|----------------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | rance; health | | edit, homeowner's, or rente | 's insurance | |
| | | No Yes. Name the insur of each policy and lis | . , | · - | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you | | of a living trust | | meone who has died beeds from a life insurance p | policy, or are currently entitle | d to receive | |
| 33. | Exar | | | | have filed a lawsuit or more claims, or rights to sue | ade a demand for payme | nt | |
| 24 | _ | Yes. Describe | unliquidatad | alaima of av | very neture including on | unteraleime of the debter | and rights | |
| 34. | to s | et contingent and vet off claims No Yes. Describe | umiquidated | ciainis oi ev | rery mature, including co | unterclaims of the debtor | anu rignis | |
| 35. | ✓ | financial assets yo No Yes. Describe | u did not alre | ady list | | | | |
| 36. | | | - | | | es for pages you have att | | \$600.00 |
| Part | 5: | Describe Any B | susiness-Ro | elated Pro | perty You Own or Ha | ave an Interest In. Li: | st any real estate i | n Part 1. |
| 37. | Do y | ou own or have an | ıy legal or equ | uitable intere | est in any business-relate | d property? | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | ✓ | ounts receivable or No Yes. Describe | commissions | s you already | y earned | | | |
| 39. | | ce equipment, furn nples: Business-rela | | | odems, printers, copiers, fa | x machines, rugs, telephone | s, desks, chairs, electron | ic devices |
| | | No Yes. Describe | | | | | | |

| | tor 1 | DusharCase 16 First Name | | Doc 1 | Filed 02/415/41s6 Document | Entered @2/4/5//1 Page 18 of 74 | 16/20:10: <u>31</u> D | esc Main | |
|-------------|----------|---|-------------------|------------------|---------------------------------|------------------------------------|-----------------------|------------------------------|---------|
| 40. | Mac | chinery, fixtures, eq | uipment, sup | plies you us | se in business, and tools | of your trade | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Describe | | | | | | | |
| 41. | Inve | entory | | | | | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Describe | | | | | | | |
| 42. | Inte | rests in partnershi | ps or joint ve | entures | | | | | |
| | ✓ | No | | | | | | | |
| | | Yes. Give specific | | | Name of entity: | | % of ownership: | | |
| | | information about | | | | | | _ | |
| | | them | | | | | | | |
| | | | | | | | | | |
| 43 (| Susta | omer lists, mailing | lists or other | r compilatio | ns | | | _ | |
| .0. | | _ | | · compilation | | | | | |
| | | | dudo porcopol | lly identifiable | e information (as defined in | 11 | | | |
| | ш | - Joseph Hata Hit | sidde personal | ny identinable | illioirriation (as actifica iii | 11 0.0.0. § 101(+174)): | | | |
| | | ☐ No | | | | | | | |
| | | Yes. Descri | ibe | | | | | | |
| 44. | Any | business-related p | roperty you | did not alread | dy list | | | | |
| | V | No | | | | | | | |
| | = | Yes. Give specific | | • | | | | | |
| | _ | information | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | • | | | for pages you have attach | | | |
| Part | 6: | Describe Any F | arm- and (| Commercial | al Fishing-Related P | roperty You Own or H | lave an Interest In | | |
| 46. | Do | you own or have a | ny legal or eq | uitable inter | rest in any farm- or comm | ercial fishing-related prop | erty? | | |
| | | No. Go to Part 7. | | | | | | Current value | |
| | Ħ | Yes. Go to line 47. | | | | | | portion you on Do not deduct | |
| | | | | | | | | claims | Scourca |
| | _ | | | | | | | or exemptions | |
| 47. | | m animals <i>mpl</i> es: Livestock, pou | ultrv. farm-raise | ed fish | | | | | |
| | | | ,, | | | | | | |
| | 넴 | No Yes. Describe | | | | | | 1 | |
| | Ш | 169. DESCINE | | | | | | | |

| Deb | tor 1 Dushar Case 16 First Name | 6-04756 | Doc 1 Middle Name | Filed 02/41/5/11/6 Documernation | Entered 024 Page 19 of 74 | 115 /16 /20i10: <u>31</u> 1 | Desc M | <u>lain</u> |
|--------------|---|-----------------|----------------------|----------------------------------|---------------------------|---------------------------------------|----------|-------------|
| 48. | Crops-either growing | or harvested | | Doddinent | rage 10 or re | • | | |
| | ✓ No | | | | | | | |
| | Yes. Describe | | | | | | | |
| 49. | Farm and fishing equi | pment, imple | ments, mach | inery, fixtures, and tools | s of trade | | | |
| | ✓ No | | | | | | | |
| | Yes. Describe | | | | | | | |
| 50. | Farm and fishing supp | olies, chemica | ls, and feed | | | | | |
| | ✓ No | | | | | | | |
| | Yes. Describe | | | | | | | |
| 51. | Any farm- and comme Examples: Livestock, por | | | ty you did not already li | st | | | |
| | ✓ No | | | | | | | |
| | Yes. Describe | | | | | | <u> </u> | |
| | | | | | | | | |
| | dd the dollar value of al art 6. Write that number | - | | | | | _ | |
| IOI F | art o. write that number | nere | | | | | | |
| | | | | | | | | |
| Part | 7: Describe All Pr | operty You | Own or Ha | ave an Interest in T | hat You Did Not I | _ist Above | | |
| 53. | Do you have other pro Examples: Season tickets | | | ot already list? | | | | |
| | No No | s, country club | membersnip | | | | | |
| | No Yes. Give specific | | | | | | _ | |
| | information | | | | | | _ | |
| | | | | | | | | |
| | | | | | | | | |
| 54. A | dd the dollar value of al | l of your entri | es from Part | 7. Write that number he | re | | .▶ | _ |
| | | | | | | | | |
| | | | | | | | | |
| Part | 8: List the Totals | of Each Pa | rt of this F | orm | | | | |
| 55. F | Part 1: Total real estate, | line 2 | | | | ▶ | | |
| 56. p | oart 2 total vehicles, line | 5 | | \$350.00 | | | | |
| 57. P | art 3: Total personal an | d household | items, line 15 | \$1000.00 | 0 | | | |
| 58. P | art 4: Total financial ass | sets, line 36 | | \$600.00 | | | | |
| 59. F | Part 5: Total business-re | elated propert | y, line 45 | <u> </u> | | | | |
| 60. F | Part 6: Total farm- and f | ishing-related | d property, lin | e 52 | | | | |
| 61. F | Part 7: Total other prope | erty not listed | , line 54 | | | | | |
| 62. 1 | Total personal property. | Add lines 56 th | nrough 61 | | | | | , \$1050.00 |
| | | | Ŭ | \$1950.00 | J | Copy personal property to | otal ▶ | + \$1950.00 |
| | | | | | | | Γ | \$1950.00 |
| 63. T | otal of all property on S | chedule A/B. | Add line 55 + | line 62 | | | - | |

| | | Case 16-04756 D | nc 1 Filed 02/ | /15/16 Entered 02/1 | 5/16 20:10:31 | Desc Main |
|------------|---------------------------|---|-------------------------------------|--|----------------------|---|
| Fill in | n this inform | ation to identify your case: | | | 0,10 20.10.01 | Description |
| Deb | tor 1 | Dushan | | Williams | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
| | | | | | | |
| Unite | ed States Ba | ankruptcy Court for the: North | ern L | District of Illinois (State) | | |
| | e number nown) | | | | | |
| <u> </u> | , | | | | I | Check if this is a |
| <u>Ott</u> | ticial F | <u>form 106C</u> | | | | amended filing |
| Sc | hedul | e C: The Propert | y You Claim | as Exempt | | 12/1 |
| | | . | | ople are filing together, both | n are equally respon | sible for supplying correct |
| clain | n as exem | | ed, fill out and attac | ch to this page as many co | | e, list the property that you fonal Page as necessary. On |
| prop | perty is d | etermined to exceed that ify the Property You Clai | amount, your exe | emption would be limited | = | amount and the value of the statutory amount. |
| 1. | | | | en if your spouse is filing with you. | | |
| | | e claiming state and federal nonba | | U.S.C. § 522(b)(3) | | |
| | _ | re claiming federal exemptions. 11 | | | | |
| 2. | For any pr | operty you list on Schedule A/I | s that you claim as exe | empt, fill in the information belo | w. | |
| | | ription of the property and line | Current value of the portion you | Amount of the exemption yo | u claim Spec | cific laws that allow exemption |
| | | , | own | Check only one box for each ex | emption. | |
| | | | Copy the value from Schedule A/B | | | |
| | | 1997 BMW 5 Series I (car | | _ | | 735 ILCS 5/12-1001(c) |
| | Brief | is in tennessee and not | \$350.00 | \$350.00 | | |
| | description Line from | drive-able) | | 100% of fair market value, u | ip to any | |
| | Schedule A | VB: | | applicable statutory limit | | |
| | Brief | | Ф000 00 | | | 735 ILCS 5/12-1001(b) |
| | description | ECU Checking | \$600.00 | \$600.00 | | |
| | Line from Schedule A | VB:17 | | 100% of fair market value, u applicable statutory limit | ıp to any | |

Yes

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Doc 1

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First Name Part 2: Additional Page

| • | ion of the property and line A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|----------------------------|--|---|---|------------------------------------|
| Brief description: | TSP through Navy | \$0.00 | | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: | 21 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Used Furniture | \$500.00 | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Used Clothing | \$500.00 | \$500.00 | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: | 11 | | 100% of fair market value, up to any applicable statutory limit | |

| Fill in this informa | Case 16-04756 ation to identify your case: | Doc 1 | Filed 02/15/16 | Entered 02/15 | /16 20:10:31 | Desc Main | |
|---------------------------------|---|---------------------------------|--|--|---|---|-----------------------------------|
| Debtor 1 | Dushan First Name | Middle N | Willian Name Last N | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle N | Name Last N | ame | | | |
| | inkruptcy Court for the: | Northern | District of Illi | nois state) | | | |
| Case number (If known) | | | | | | Псь | eck if this is ar |
| | orm 106D le D: Credito | ars Who | . Have Clain | ns Sacurad | l hy Pronei | am | ended filing |
| Be as comple correct inforr | ete and accurate as mation. If more space top of any addition | possible. If t ce is needed, | wo married people copy the Addition | are filing together al Page, fill it out, | r, both are equally | y responsible for | |
| No. Ch | ditors have claims secur neck this box and submit th Il in all of the information b | is form to the cour | • | s. You have nothing else | to report on this form. | | |
| Part 1: List A | All Secured Claims | | | | | | |
| claim. If mor | ured claims. If a creditor he than one creditor has a the claims in alphabetical | particular claim, lis | st the other creditors in Pa | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

| | Case 16-04756 | Doc 1 | Filed 02/15/16 | Entered 0 | <u>2/1</u> 5/16 | Desc | Main | |
|--|--|---|---|--|---|---|---|---|
| Fill in this inform | nation to identify your case: | | | . ago . | - | | | |
| Debtor 1 | Dushan | N.C. J. II. | Willia | | _ | | | |
| Debtor 2 | First Name | Middle | Name Last N | vame | | | | |
| (Spouse, if filing | First Name | Middle | Name Last N | lame | - | | | |
| United States Ba | ankruptcy Court for the: | Northern | District of II | linois State) | _ | | | |
| Case number (If known) | | | V | | _ | | | |
| Official F | orm 106E/F | | | | | Chec | k if this is an | amended filing |
| Schedu | ile E/F: Cred | litors W | /ho Have U | nsecure | ed Claims | | | 12/15 |
| party to any exe 106A/B) and on are listed in Sch the boxes on th | and accurate as possible cutory contracts or unexp Schedule G: Executory Condule D: Creditors Who eleft. Attach the Continu All of Your PRIORITY | pired leases that Contracts and U Hold Claims Se ation Page to t | at could result in a claim Inexpired Leases (Offici ecured by Property. If m his page. On the top of | . Also list execute al Form 106G). D ore space is need | ory contracts on <i>Schedu</i> o not include any credito ded, copy the Part you n | le A/B: Proports with particed, fill it out | erty (Officia ally secured t, number th | al Form d claims that ne entries in |
| 1. Do any cr | editors have priority unse | cured claims a | gainst you? | | | | | |
| ☐ No. G | o to Part 2. | | • | ority unsecured cla | im. list the creditor separat | elv for each cl | aim. For eac | ch claim listed. |
| identify wh possible, li Part 1. If m | at type of claim it is. If a clair st the claims in alphabetical nore than one creditor holds | n has both priori order according a particular clai | ty and nonpriority amounts to the creditor's name. If y m, list the other creditors i | s, list that claim her you have more tha n Part 3. | e and show both priority an n two priority unsecured cl | d nonpriority a | amounts. As | much as |
| (For an exp | planation of each type of cla | im, see the instr | uctions for this form in the | instruction booklet | .) | | | |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 Dana Flore | s | | | | | \$0.00 | \$0.00 | \$0.00 |
| Priority Cre | ditor's Name | | Last 4 digits of a | - | | | | Ψ0.00 |
| 100 S GRA Number | ND AV EAST Street | | When was the d | ebt incurred? _ | n/a | | | |
| | | | | u file, the claim is | s: Check all that apply. | | | |
| Springfield | Illinois | 62705 | Contingent | | | | | |
| City | State | Zip Code | Unliquidated | | | | | |
| Who incur Debtor | rred the debt? Check one. | | Disputed | | | | | |
| Debtor | • | | Type of PRIORIT | Y unsecured clai | m: | | | |
| | | | ✓ Domestic sup | port obligations | | | | |
| | 1 and Debtor 2 only | 4h | Taxes and cer | tain other debts yo | u owe the government | | | |
| 브 | t one of the debtors and ano | | Claims for dea | ath or personal inju | ıry while you were | | | |
| | if this claim relates to a c | community deb | | | | | | |
| | n subject to offset? | | Other. Specify | | | | | |
| ✓ No | | | | | | | | |
| Yes | | | | | | | | |
| | F HEALTHCARE ditor's Name | | Last 4 digits of a | ccount number | 8075 | <u>\$18,818.00</u> | <u>\$18,818.00</u> | \$0.00 |
| | ND AV EAST | | When was the d | ebt incurred? | 1/1/2012 | | | |
| Number | Street | | As of the date vo | u file, the claim is | s: Check all that apply. | | | |
| | | | Contingent | a mo, mo oram n | or or ook all that apply. | | | |
| Springfield City | Illinois State | 62705 Zip Code | Unliquidated | | | | | |
| , | rred the debt? Check one. | • | Disputed | | | | | |
| ✓ Debtor | | | | Y unsecured clai | m: | | | |
| Debtor | 2 only | | | | III . | | | |
| Debtor | 1 and Debtor 2 only | | = ' | port obligations | | | | |
| At leas | t one of the debtors and ano | ther | = | | u owe the government | | | |
| Check | if this claim relates to a d | ommunity deh | | ath or personal inju | ıry while you were | | | |
| | n subject to offset? | | Other. Specify | 1 | | | | |
| ✓ No | | | | | | | | |
| Yes | | | | | | | | |

Debtor 1 Dushar Case 16-04756 Doc 1 Filed 02/115/136 Entered 02/115/136 (220/110) Desc Main

Page 24 of 74 Documetht me Your PRIORITY Unsecured Claims - Continuation Page Part 1: Total claim Priority **Nonpriority** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. amount amount 2.3 IL DEPT OF HEALTHCARE \$3,861.00 \$0.00 \$3,861.00 Last 4 digits of account number Priority Creditor's Name 100 S'GRAND AV EAST When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 62705 Springfield Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ✓ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim relates to a community debt intoxicated Other. Specify Is the claim subject to offset? **✓** No Yes 2.4 Tennessee Department of Human Services \$0.00 \$0.00 \$0.00 Last 4 digits of account number 4778 Priority Creditor's Name 400 DÉADRICK ST When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **NASHVILLE** 37248 Tennessee Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ✓ Domestic support obligations Debtor 1 and Debtor 2 only

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

intoxicated

Other. Specify

At least one of the debtors and another

Is the claim subject to offset?

✓ No Yes

Check if this claim relates to a community debt

Doc 1 Filed 02/115/136 Entered 02/135/136 (20:10:31 Desc Main Dushar Case 16-04756 Debtor 1 Document Page 25 of 74 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 AFNI, INC \$153.00 Last 4 digits of account number 1299 Nonpriority Creditor's Name PO BOX 3427 When was the debt incurred? 9/1/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent **BLOOMINGTON** Illinois 61702 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 City of Chicago Parking \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60602 Chicago Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 Commonwealth Edison \$1,236.02 Last 4 digits of account number 0031 Nonpriority Creditor's Name ATTN: Bankruptcy Department: 2100 Swift Drive When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Oak Brook Illinois 60523 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?

✓ No Yes Debtor 1 Dushar Case 16-04756 Doc 1 Filed 02/415/4166 Entered 02/415/416 (20/410:31 Desc Main First Name Docume 17th Page 26 of 74

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|--|---|-------------|
| 4.4 | CONVERGENT OUTSOURCING | Last 4 digits of account number 0211 | \$1,075.00 |
| | Nonpriority Creditor's Name PO Box 9004 | When was the debt incurred? 8/1/2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Renton Washington 98057 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.5 | CONVERGENT OUTSOURCING Nonpriority Creditor's Name | Last 4 digits of account number 6137 | \$280.00 |
| | PO Box 9004 | When was the debt incurred? 8/1/2015 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Renton Washington 98057 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.6 | CREDIT MANAGEMENT LP Nonpriority Creditor's Name | Last 4 digits of account number 0182 | \$241.00 |
| | 4200 INTÉRNATIONAL PKWY | When was the debt incurred? 8/1/2015 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | CARROLLTON Texas 75007 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |

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First Name Document Page 27 of 74

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---|---|-------------|
| 4.7 | ENHANCED RECOVERY CO L | Last 4 digits of account number1730 | \$514.00 |
| | Nonpriority Creditor's Name 8014 BAYBERRY RD | | |
| | Number Street | When was the debt incurred? 7/1/2014 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | JACKSONVILLE Florida 32256 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | 片 | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | <u>✓</u> No | | |
| | Yes | | |
| 4.8 | FED LOAN SERV | — Last 4 digits of account number 0009 | \$6,000.00 |
| | Nonpriority Creditor's Name P.O. Box 60610 | | |
| | Number Street | When was the debt incurred? 7/1/2014 | |
| | Trained Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Harrisburg Pennsylvania 17106 City State Zip Code | — Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | _ · | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | 片 | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | <u>✓</u> No | | |
| | Yes | | |
| 4.9 | FED LOAN SERV | Last 4 digits of account number 0007 | \$5,560.00 |
| _ | Nonpriority Creditor's Name P.O. Box 60610 | | |
| | Number Street | When was the debt incurred? 4/1/2014 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | HarrisburgPennsylvania17106CityStateZip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | 븜 | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |

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Part 2: Vour NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning v | vith 4.5, followed by 4.6, and so forth. | Total claim |
|---|--|-------------|
| FED LOAN SERV | - Last 4 digits of account number 0005 | \$4,500.00 |
| Nonpriority Creditor's Name P.O. Box 60610 | <u> </u> | |
| Number Street | When was the debt incurred? 11/1/2013 | |
| | As of the date you file, the claim is: Check all that apply. | |
| Harrisburg Pennsylvania 17106 | Contingent | |
| City State Zip Code | Unliquidated | |
| Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| 불 | you did not report as priority claims | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? No | ✓ Other. Specify | |
| = | | |
| L Yes | | |
| FED LOAN SERV Nonpriority Creditor's Name | Last 4 digits of account number0004 | \$4,500.00 |
| P.O. Box 60610 | When was the debt incurred? 9/1/2012 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Harrisburg Pennsylvania 17106 City State Zip Code | Unliquidated | |
| Who incurred the debt? Check one. | Disputed | |
| ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only | Student loans | |
| Debtor 1 and Debtor 2 only | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ✓ Other. Specify | |
| ☑ No | | |
| Yes | | |
| FED LOAN SERV | Last 4 digits of account number 0001 | \$3,500.00 |
| Nonpriority Creditor's Name P.O. Box 60610 | When was the debt incurred? 4/1/2012 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Harrisburg Pennsylvania 17106 | Contingent | |
| City State Zip Code | Unliquidated | |
| Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| 븜 | you did not report as priority claims | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? No | ✓ Other. Specify | |
| Yes | | |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning | g with 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|-------------|
| FED LOAN SERV Nonpriority Creditor's Name P.O. Box 60610 Number Street | with 4.5, followed by 4.6, and so forth. Last 4 digits of account number | \$3,500.00 |
| FED LOAN SERV Nonpriority Creditor's Name P.O. Box 60610 Number Street | Last 4 digits of account number | \$2,625.00 |
| FED LOAN SERV Nonpriority Creditor's Name P.O. Box 60610 Number Street | Last 4 digits of account number | \$1,691.00 |

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First Name Middle Name Document Page 30 of 74

Your NONPRIORITY Unsecured Claims - Continuation Page

Part 2:

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.16 FIRST PREMIER BANK \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 601 S MINNESOTA AVE When was the debt incurred? 10/1/2005 Number Street As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57104 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.17 HARVARD COLL \$514.00 4856 Last 4 digits of account number Nonpriority Creditor's Name 4839 N Elston Ave When was the debt incurred? 6/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent 60630 Chicago Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? \square Other, Specify **✓** No Yes 4.18 LOU HARRIS COMPANY \$168.00 Last 4 digits of account number Nonpriority Creditor's Name 613 ACADEMY DR When was the debt incurred? 8/1/2010 Number As of the date you file, the claim is: Check all that apply. Contingent NORTHBROOK Illinois 600622420 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify **✓** No

Yes

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
|------|---|---|-------------|
| 4.19 | MIDSTATE COLLECTION SO | Last 4 digits of account number 7623 | \$329.00 |
| | Nonpriority Creditor's Name 2009B Round Barn Rd | <u></u> | · |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Champaign Illinois 61821 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | ✓ No | | |
| | Yes | | |
| 4.20 | NAVY FEDERAL CR UNION | Loot 4 divite of account number | \$2,500.00 |
| | Nonpriority Creditor's Name PO Box 3000 | Last 4 digits of account number | |
| | Number Street | When was the debt incurred?n/a | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Merrifield Virginia 22119 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify | |
| | No | | |
| | Yes | | |
| 4.21 | NW COLLECTOR | - Last 4 digits of account number L258 | \$1,000.00 |
| | Nonpriority Creditor's Name 3601 ALGONQUIN RD SUITE 232 | When was the debt incurred? 8/1/2010 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | ROLLING Illinois 60008 | Unliquidated | |
| | MEADOW City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify | |
| | Is the claim subject to offset? | _ | |
| | ✓ No | | |
| | Yes | | |

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| 4.22 STELLAR RECOVERY INC | Last 4 digits of account number 5400 | \$329.00 |
|---|---|----------|
| Nonpriority Creditor's Name | <u></u> | |
| 4500 Salisbury Rd Ste 10 Number Street | When was the debt incurred? 1/1/2015 | |
| Nambol Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Jacksonville Florida 32216 | Unliquidated | |
| City State Zip Code | | |
| Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Student loans | |
| Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| At least one of the debtors and another | you did not report as priority claims | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify | |
| ✓ No | | |
| Yes | | |
| | | |
| LO DEDIVETO | | |
| | Last 4 digits of account number0074 | \$0.00 |
| 4.23 US DEPT VETS Nonpriority Creditor's Name POB 11930 | Last 4 digits of account number 0074 When was the debt incurred? 3/1/2014 | \$0.00 |
| Nonpriority Creditor's Name | When was the debt incurred? 3/1/2014 | \$0.00 |
| Nonpriority Creditor's Name POB 11930 | When was the debt incurred? 3/1/2014 As of the date you file, the claim is: Check all that apply. | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street | When was the debt incurred? 3/1/2014 | \$0.00 |
| Nonpriority Creditor's Name POB 11930 | When was the debt incurred? 3/1/2014 As of the date you file, the claim is: Check all that apply. | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. Debtor 1 only | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | When was the debt incurred? 3/1/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | \$0.00 |
| Nonpriority Creditor's Name POB 11930 Number Street ST PAUL Minnesota 55111 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | When was the debt incurred? 3/1/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | \$0.00 |

Debtor 1 DusharCase 16-04756 Doc 1 Filed 02/415/416 Entered 02/415/416 (20/410:31 Desc Main First Name Document Page 33 of 74

Part 3: List Others to Be Notified About a Debt That You Already Listed

| collection agency agency here. Simi | is trying to collect larly, if you have mo | from you for a debt yore than one creditor | out your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a it you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection or for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you lebts in Parts 1 or 2, do not fill out or submit this page. | | | | |
|-------------------------------------|---|--|--|--|--|--|--|
| HARRIS & HARR | IS LTD | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| Name | | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | |
| 111 W JACKSON | | | | | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | | | |
| | | | Claims | | | | |
| CHICAGO | Illinois | 60604 | Last 4 digits of account number | | | | |
| City | State | Zip Code | | | | | |

Debtor 1 Dushar Case 16-04756 Doc 1 Filed 02/415/4166 Entered 02/415/4166 (220410:31 Desc Main Pirst Name Document Plane Page 34 of 74

Part 4: Add the Amounts for Each Type of Unsecured Claim

| | nounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § ounts for each type of unsecured claim. |
|-----------------------------|---|
| | Total claims |
| Total claims from Part 1 | 6a. Domestic support obligations. 6a. \$22,679.00 |
| | 6b. Taxes and certain other debts you owe the 6b. \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. |
| | 6e. Total. Add lines 6a through 6d. 6e. \$22,679.00 |
| | Total claims |
| Total claims from Part 2 | 6f. Student loans 6f. \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce 6g. \$0.00 that you did not report as priority claims |
| | 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$0.00 debts |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. \$\frac{\$41,215.02}{}\$ amount here. |
| | 6j. Total. Add lines 6f through 6i. 6j. \$41,215.02 |

| Fill in this inform: | Case 16-04756 ation to identify your case: | | Filed 02/15/16 | Entered 02/ | 15/16 20:10:31 | Desc Main |
|---------------------------------|--|----------------|-------------------------|-----------------------|--|--|
| Debtor 1 | Dushan First Name | | Willi e Name Last | ams Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | e Name Last | Name | | |
| United States Ba | ankruptcy Court for the: | Northern | District of | Illinois (State) | | |
| (If known) | | | | | | Check if this is a amended filing |
| | e G: Executo | ry Cont | tracts and U | nexpired L | eases | 12/ |
| • | , copy the additional pag | | | | | ing correct information. If more onal pages, write your name and |
| | ave any executory cock this box and file this form | | • | You have nothing else | to report on this form. | |
| 2. List separate | ely each person or comp | any with whor | n you have the contract | or lease. Then state | operty (Official Form 106A what each contract or less of executory contracts an | ase is for (for example, rent, |
| Person | or company with whom | you have the o | contract or lease | | State what the contrac | t or lease is for |
| | | | | | | |

| | | Case 16-0475 | 6 Doc 1 Filed 0 | 2/15/16 Entered | 02/15/16 20:10:31 | Desc Main |
|------|---|--|---|---|-----------------------------------|--|
| Fill | in this informa | ation to identify your case | | <u> </u> | 127.5/10 20.10.51 | Desc Main |
| De | btor 1 | Dushan | | Williams | | |
| De | btor 2 | First Name | Middle Name | Last Name | | |
| | ouse, if filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | Northern | District of Illinois | | |
| | se number | | | (State) | | |
| • | fficial F | orm 106H | | | | Check if this is a amended filing |
| Sc | hedule | H: Your Co | odebtors | | | 12/1 |
| 1. | Do you have No Yes Within the I Louisiana, No. Go | e any codebtors? (If you ast 8 years, have you I evada, New Mexico, Pue o to line 3. | ou are filing a joint case, do not ived in a community proper erto Rico, Texas, Washington, a | ty state or territory? (Command Wisconsin.) | or.) | ase number (if known). Answer |
| | Yes. Di | | oouse, or legal equivalent live v | vith you at the time? | | |
| | Ye | es. In which community s | tate or territory did you live? | Fil | II in the name and current addres | ss of that person. |
| | | Name of your spouse, for | ormer spouse, or legal equivale | ent | _ | |
| | | Number Street | | | = | |
| | | City | State | Zip Code | _ | |
| 3. | as a codebt | or only if that person i | s a guarantor or cosigner. N | Make sure you have listed th | | the person shown in line 2 again ficial Form 106D), <i>Schedule E/F</i> slumn 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

| Debtor 2 Spouse, if filling) First Name Middle Name Last Name Check if this is: Check if this is: An amended filling | Fill in th | is information to identify | y your case: | 115/10 | أخصنا | 5/16 20 | :10:31 | Desc N | /lain | | |
|--|--------------------|--|--|--------------------|--|-----------------------|---|---------------|----------|-----------------|------|
| Debtor 2 Spouse, if filing) First Name Middle Name Last Name Last Name An amended filing A supplement showing gost-petition chapte expenses as of the following date: | | | Docar | | age or or | 7-7 | | | | | |
| Debtor 2 Spouse, if filling) First Name Middle Name Last Name Last Name A supplement showing post-petition chapter of the case number A supplement showing post-petition chapter expenses as of the following date: | Debtor 1 | Dushan | | | | _ | | | | | |
| Case number | | First Name | Middle Name | Last Name | е | | Choole if thi | · io. | | | |
| United States Bankruptcy Court for the: Northern | Debtor 2 | | | | | | Check if this | S IS: | | | |
| Case number (If known) District of Illinois (State) MM / DD / YYYYY District of Illinois (State) MM / DD / YYYYY District of Illinois (State) MM / DD / YYYYY Describe and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally one clude information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment information. If you have more than one piob. Debtor 1 Debtor 2 Employed Not Employed Not Employed Not Employed Indude part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? District of illinois (State) Debtor 1 Debtor 1 Debtor 2 Employed Not Employed Not Employed Number Street Number Street Number Street Number Street Number Street Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 9 | (Spouse, if | filing) First Name | Middle Name | Last Name | е | - | An ame | nded filing | | | |
| Case number MM / DD / YYYY Difficial Form 106 Schedule I: Your Income The as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally asponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, not clude information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment Information. If you have more than one job., attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Coupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income | United Sta | tes Bankruptcy Court for the: | Northern | | | _ | | | | | r 13 |
| Official Form 106 Schedule I: Your Income is as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally seponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, cloude information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's name WA Hines Hospital Employer's name WA Hines Hospital Employer's address 5000 W 5th Ave Number Street Hines Illinois 60141 City State Zip Code City State Zip Code How long employed there? Part 2: Give Details About Monthly Income | | | | (State | ə) | | | | _ | | |
| Difficial Form 106l Schedule I: Your Income The as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally appropriate to the special pointly, and your spouse is living with you, not not receive the control of the possible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, not not include information about your spouse. If you are separated and your spouse is not filing with you, do not include not remain about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income | | per | | | | - | MM / D | D / YYYY | _ | | |
| Part 1: Describe Employment I. Fill in your employment information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question. Part 1: Describe Employment information. Employment status Debtor 1 Debtor 2 | Sched | dule I: Your Inc | as possible. If two marrie | | | | | | | are equally | 2/15 |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Part 2: Give Details About Monthly Income Employment status | nformat ages, w | ion about your spouse rite your name and ca | e. If more space is neede se number (if known). A | ed, attach a | separate sl | | - | | | | |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employerd Worker VA Hines Hospital Employer's name VA Hines Hospital Finel Illinois 60141 City State Zip Code How long employed there? Part 2: Give Details About Monthly Income | 1. | | | Debtor 1 | | | Debtor 2 | 2 | | | |
| If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? If you have more than one job, attach a separate page with information about additional employed. Occupation Worker VA Hines Hospital Final Sullinois Fi | | information. | Employment status | | | | | and the same | | | |
| attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation Employer's address Employer's address Employer's address Sometimes address Employer's address Employer's address Employer's address Employer's address Employer's address Illinois 60141 City State Zip Code Total City State Zip Code City State Zip Code City State Zip Code Part 2: Give Details About Monthly Income | | If you have more than one | p.oy | Employed | | | | | | | |
| information about additional employers. Employer's name VA Hines Hospital | | job, | | ■ Not Emplor | yed | | Not Er No | nployed | | | |
| Employer's name Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's name VA Hines Hospital 5000 W 5th Ave Number Street | | attach a separate page with | 0 | | | | | | | | |
| Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's address 5000 W 5th Ave Number Street | | information about additional | Occupation | worker | | | | | | | |
| Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Employer's address 5000 W 5th Ave Number Street | | employers. | Employer's name | VA Hines Hos | pital | | | | | | |
| or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? How long employed there? Employer's address S000 W 5th AVe | | Include part time, seasonal. | | | | | | | | | |
| Self-employed work. Occupation may include student or homemaker, if it applies. Hines Illinois 60141 City State Zip Code How long employed there? Part 2: Give Details About Monthly Income | | • | Employer's address | | <u>e </u> | Number Street | | | | | |
| student or homemaker, if it applies. Hines Illinois 60141 City State Zip Code How long employed there? 2 months Fart 2: Give Details About Monthly Income | | self-employed work. | | Number Street | | | Number Su | eel | | | |
| or homemaker, if it applies. Hines Illinois 60141 City State Zip Code How long employed there? 2 months Give Details About Monthly Income | | | | | | | | | | | |
| Hines Illinois 60141 City State Zip Code How long employed there? 2 months Part 2: Give Details About Monthly Income | | | | | | | | | | | |
| How long employed there? 2 months | | , | | | | | City | | Ctata | 7in Code | |
| Part 2: Give Details About Monthly Income | | | | City | State | Zip Code | City | | State | Zip Code | |
| | | | How long employed there? | 2 months | | | | | | | |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you | | | • | | | | | | | | |
| are separated. | | | date you file this form. If you ha | ave nothing to rep | port for any line | e, write \$0 in the s | space. Includ | e your non-f | ling spo | ouse unless you | |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. | | | re than one employer, combine the | ne information for | all employers | for that person or | n the lines be | ow. If you ne | ed mor | e space, attach | |
| For Debtor 1 For Debtor 2 or non-filing spouse | | | | | For | Debtor 1 | | | | | |
| List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. | | | • | | 2. | \$1,430.00 | | | _ | | |
| 3. Estimate and list monthly overtime pay. 3. +\$0.00 | 3. Esti | mate and list monthly overt | ime pay. | | 3. | + \$0.00 | | | | | |

4. Calculate gross income. Add line 2 + line 3.

\$1,430.00

Debtor 1 Dushan Case 16-04756 Entered @2415/46 20:10:31 Desc Main Doc 1 Filed 02//1/5//16 Middle Name Documentame Page 38 of 74 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$1,430.00 5. List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,430.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies \$194.00 Specify: LINK 8f. 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$194.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$1,624.00 \$1,624.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify 11. + \$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,624.00 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

| | Case 16-04 | 756 Doc 1 Filed (| 02/15/16 Entered 02/1 | 5/16 20:10:31 | Desc Main | |
|--------------------------------|---|--|---|-------------------|--|-----------|
| Fill in this info | ormation to identify your | | <u> </u> | | | |
| Debtor 1 | Dushan | | Williams | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | Check if this is: | | |
| (Spouse, if fili | ing) First Name | Middle Name | Last Name | An amended fili | ng | |
| United States | Bankruptcy Court for th | ne: Northern | District of Illinois (State) | | showing post-petition of the following date: | hapter 13 |
| Case number (If known) | · | | | 144/55/000 | <u></u> | |
| • | Ганна 400 | 1 | | MM / DD / YYY | Υ | |
| | Form 106J | = | | | | |
| Schedu | ıle J: Your l | Expenses | | | | 12/15 |
| nformation. I if known). An | | ed, attach another sheet to this | e filing together, both are equally r form. On the top of any additional | | | |
| 1. Is this a jo | | | | | | |
| ✓ No. G | Go to line 2 | | | | | |
| Yes. I | Does Debtor 2 live in | a separate household? | | | | |
| | No | | | | | |
| | Yes. Debtor 2 mus | t file Official Forms 106J-2, Exper | nses for Separate Household of Debto | r 2. | | |
| 2. Do you h a | ave dependents? | No | | | | |
| Do not list Debtor 2. | Debtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does depende with you? | nt live |
| | | | Child | 5 years | No. | |
| | | | | | ✓ Yes. | |
| | | | Child | 2 years | _ No. | |
| | | | | | ✓ Yes. | |
| | xpenses include of people other | / No | | | | |
| than | Г | Yes | | | | |
| yourself a depender | • | _ | | | | |
| Part 2: Est | timate Your Ongoi | ing Monthly Expenses | | | | |
| • | s of a date after the ba | | you are using this form as a suppl oplemental Schedule J, check the | • | • | |
| | | on-cash government assistance ed it on Schedule I: Your Incom | | | Your | expenses |
| | al or home ownership for the ground or lot. 4. | expenses for your residence. In | nclude first mortgage payments and | | _ | \$250.00 |
| • | cluded in line 4: | | | | 4. | |
| | estate taxes | | | | 42 | \$0.00 |
| | erty, homeowner's, or re | enter's insurance | | | 4a | \$0.00 |
| | e maintenance, repair, a | | | | 4b | \$0.00 |
| . 5. 1 15/110 | | | | | 4c. | あい.いし |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Filed 02/41/5/41:6 Entered 02/41/5/41:6 (20:410:31 Desc Main Dushar Case 16-04756 Doc 1 Debtor 1

Document Page 40 of 74 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$90.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$295.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$50.00 9. 10. Personal care products and services \$50.00 10. 11. Medical and dental expenses \$50.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$150.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$514.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues

\$0.00

20e

| Debtor 1 | <u>DusharCase 16-04756 Doc 1 Filed 02/Alfolds6 Entered 02/31/folds6/220/31-0</u> | <u> B1 Desc Main</u> | |
|-------------------|--|----------------------|------------|
| | First Name Middle Name Documet Name Page 41 of 74 | | |
| 21. Other. | | 21 | \$0.00 |
| 00 0-1 | | | |
| | ate your monthly expenses. | _ | \$1,449.00 |
| 22a. A | dd lines 4 through 21. | _ | \$0.00 |
| 22b. C | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$1,449.00 |
| 22c. Ad | Id line 22a and 22b. The result is your monthly expenses. | 22. | |
| 23. Calcul | ate your monthly net income. | | |
| 23a. C | ppy line 12 (your combined monthly income) from Schedule I. | 23a | \$1,624.00 |
| 23b. Co | ppy your monthly expenses from line 22 above. | 23b | \$1,449.00 |
| | obtract your monthly expenses from your monthly income. | | \$175.00 |
| Т | he result is your monthly net income. | 23c | |
| 24. Do yo | u expect an increase or decrease in your expenses within the year after you file this form? | | |
| | cample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| ✓ N | 0 | | |
| Y | es established to the second of the second o | | |
| | Explain here: | | |
| | | | |

| Fill in this infor | Case 16-04756 | | | | LIACC MAAIN |
|-------------------------------|------------------------------|-----------------------------|-----------------------------|--|---------------------------------------|
| | mation to identify your case | Doc 1 Filed 0 | 2/15/16 Entered | 112/15/16 20:10:31 | Desc Main |
| Debtor 1 | Dushan | | Williams | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filin | g) First Name | Middle Name | Last Name | _ | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number (If known) | | | (State) | _ | |
| Official | Form 106Dec | <u> </u> | | | Check if this is a amended filing |
| Declara | tion About ar | Individual De | btor's Schedu | les | 12/1 |
| property by fra | ud in connection with a b | ankruptov assa san rasult i | | | iling property, or obtaining money or |
| Part 1: Sign | n Below | | | | ars, or both. 18 U.S.C. §§ 152, 1341, |
| Part 1: Sign | n Below | one who is NOT an attorney | | | 0 |
| Part 1: Sign | n Below | | to help you fill out bankru | otcy forms? etition Preparer's Notice, Deck | ars, or both. 18 U.S.C. §§ 152, 1341, |

| Filli | n this inform | Case 16-0475 nation to identify your case | | Filed 02/15/16 | Entered 02 | 15/16 20:10:31 | Desc Main |
|-------|-------------------|--|------------------------|------------------------------|--------------------|---------------------------|---|
| | otor 1 | Dushan | | William | _ | | |
| Deb | otor 2 | First Name | Middle i | Name Last Na | me | | |
| (Spo | ouse, if filing | First Name | Middle I | Name Last Na | me | | |
| Unit | ed States B | ankruptcy Court for the: | Northern | District of Illin | nois ate) | | |
| | e number nown) | | | · | | | |
| Of | ficial F | Form 107 | | | | _ | Check if this is a amended filing |
| | | | ial Affairs | for Individua | als Filing | for Bankrupt | tcv 12/1 |
| | e is needed | d, attach a separate she | et to this form. On | | I pages, write you | | ying correct information. If more er (if known). Answer every question |
| 1. | What is | your current marital sta | atus? | | | | |
| | ☐ Mar | ried married | | | | | |
| 2. | During t | he last 3 years, have yo | u lived anywhere o | other than where you live | now? | | |
| | ✓ No Yes. | List all of the places you l | ived in the last 3 yea | ars. Do not include where yo | ou live now. | | |
| | Deb | tor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | | | Same as I | Debtor 1 | Same as Debtor 1 |
| | Num | nber Street | | From | Number Stree | et | From |
| | | | | _ To | | | To |
| | City | State | Zip Code | _ | City | State Zip C | Code |
| | | | | | Same as [| Debtor 1 | Same as Debtor 1 |
| | Num | nber Street | | From | Number Stree | et | From |
| | | | | _ То | | | То |
| | City | State | Zip Code | _ | City | State Zip C | Code |
| | territories in | last 8 years, did you ev nclude Arizona, California | er live with a spou | - | | perty state or territory? | Code (Community property states and |

Debtor 1 DusharCase 16-04756
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Part 2: Explain the Sources of Your Income

| 4. | Fill in the total amount of income you received fr | or from operating a business during this year or the two previous calendar years? om all jobs and all businesses, including part-time re income that you receive together, list it only once under Debtor 1. | | | | | | |
|----|---|--|---|--|---|--|--|--|
| | | Debtor 1 | | Debtor 2 | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$1320.00 | Wages, commissions, bonuses, tips Operating a business | | | | |
| | For last calendar year: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | | | | |
| | For the calendar year before that: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | | | | |
| | Did you receive any other income during this Include income regardless of whether that income benefit payments; pensions; rental income; intere and you have income that you received together, List each source and the gross income from each No Yes. Fill in the details. | e is taxable. Examples of other est; dividends; money collected list it only once under Debtor 1. | income are alimony; child su from lawsuits; royalties; and | gambling and lottery winnings. | | | | |
| | | Debtor 1 | | Debtor 2 | | | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | | | |
| | From January 1 of current year until the date you filed for bankruptcy: | LINK | \$388.00 | | | | | |
| | For last calendar year: (January 1 to December 31, 2015) YYYY | LINK | \$2,328.00 | | | | | |
| | For the calendar year before that: (January 1 to December 31, | LINK | \$2,328.00 | | | | | |
| | | | | | | | | |

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| Part 3: | List Certain P | ayments Y | ou Made Before | You Filed for Ba | nkruptcy | | | | | |
|---------|--|-----------------|---------------------------------------|----------------------------|--|-------------------------------|--------------------------------|--|--|--|
| 6. Are | e either Debtor 1's | or Debtor 2's | debts primarily co | nsumer debts? | | | | | | |
| | | | tor 2 has primarily usehold purpose." | consumer debts. Con | sumer debts are defined in | 11 U.S.C. § 101(8) as "incurr | red by an individual primarily | | | |
| | During the 90 | days before ye | ou filed for bankruptc | y, did you pay any credite | or a total of \$6,225* or more | ? | | | | |
| | No. Go to | o line 7. | | | | | | | | |
| | tot | al amount you | paid that creditor. Do | not include payments f | more in one or more paym or domestic support obligat a attorney for this bankrupto | ions, such as | | | | |
| | * Subject to a | djustment on 4 | /01/16 and every 3 ye | ears after that for cases | filed on or after the date of a | adjustment. | | | | |
| ~ | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. | | | | | | | | | |
| | During the 90 | days before ye | ou filed for bankruptc | y, did you pay any credito | or a total of \$600 or more? | | | | | |
| | ✓ No. Go to | o line 7. | | | | | | | | |
| | tha | at creditor. Do | not include payments | | ore and the total amount you bligations, such as child su ankruptcy case. | | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for | | | |
| | Creditor's Name | | | _ | | | Mortgage | | | |
| | Number Street | | | _ | | | Car Credit card | | | |
| | | | | _ | | | Loan repayment | | | |
| | 0:: | | | _ | | | Suppliers or vendors | | | |
| | City | State | Zip Code | | | | Other | | | |
| | Creditor's Name | | | - | | | — — ─ | | | |
| | Creditor's Name | | | _ | | | Car | | | |
| | Number Street | | | | | | Credit card | | | |
| | | | | _ | | | Loan repayment Suppliers or | | | |
| | City | State | Zip Code | _ | | | vendors | | | |
| | | | | | | | Other | | | |
| | Creditor's Name | | | _ | | | ── | | | |
| | Number Street | | | - | | | Credit card | | | |
| | | | | _ | | | Loan repayment | | | |
| | City | State | Zin Code | _ | | | Suppliers or vendors | | | |

Other

Dushar Case 16-04756 Doc 1 Filed 02M15/436 Entered 02/415/436 (20:40:31 Desc Main Debtor 1 Document Page 46 of 74 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Dushar Case 16-04756
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| List al | such matters, includ | | | party in any lawsuit, on ms actions, divorces, of | | | | | odifications, and contract |
|----------|--------------------------|-------------|----------|---|-------------------|---------|----------|-------|----------------------------|
| disput | es. Io | | | | | | | | |
| <u> </u> | es. Fill in the details. | | | | | | | | |
| | | | Nature o | of the case | Court or age | ency | | Statu | s of the case |
| | Case title | | | | | | | | Pending |
| | | | | | Court Name | | | | On appeal |
| | Case number | | | | Number Stree | et | | - 🔲 c | Concluded |
| | | | | | City | State | Zip Code | _ | |
| | Case title | | | | | | | П | Pending |
| | | | | | Court Name | | | | On appeal |
| | Case number | | | | Number Stree | et . | | - 🗖 c | Concluded |
| | | | | | C:t. | Ctata | 7:- OI- | _ | |
| | | | | | City | State | Zip Code | | |
| | Yes. Fill in the inform | audi bolow. | | Describe the proper | rty | | Date | | Value of the property |
| | Creditor's Name | | | | | | | | |
| | | | | Explain what happe | ned | | | | |
| | Number Street | | | | | | | | |
| | | | | Property was rep | | | | | |
| | | | | Property was fore Property was gar | | | | | |
| | City | State | Zip Code | Property was gar | | levied. | | | |
| | | | μ σσσσ | Describe the proper | rty | | Date | | Value of the property |
| | | | | | | | | | |
| | Creditor's Name | | | | - | | | | |
| | Number Street | | | Explain what happe | ned | | | | |
| | Number Street | | | Property was rep | ossessed. | | | | |
| | _ | | | Property was fore | | | | | |
| | | | | Property was gar | nished. | | | | |
| | City | State | Zip Code | Property was atta | ached, seized, or | levied. | | | |

| Deb | tor 1 | DusharCase 16-0 First Name | | | | <u>red</u> | 31 Desc | Main |
|------|----------|---|-----------------|------------------|------------------------------|----------------------------------|--------------------------|--------------------------|
| 11. | | nin 90 days before you ounts or refuse to make No | | | creditor, including a bank | or financial institution, set of | f any amounts fi | rom your |
| | Ħ | Yes. Fill in the details. | | | | | | |
| | | | | | Describe the action the o | creditor took | Date action was taken | Amount |
| | | | | | | | | |
| | | Creditor's Name | | | | | | |
| | | Number Street | | | | | | |
| | | | | | Last 4 digits of account nun | nber: XXXX- | | |
| | | | | | 3 | | | |
| | | City S | State | Zip Code | | | | |
| 12. | | in 1 year before you fi ver, a custodian, or ar | | | your property in the poss | session of an assignee for the | e benefit of cred | itors, a court-appointed |
| | _ | No | | | | | | |
| | Ħ | Yes | | | | | | |
| | | | | | | | | |
| Part | 5: | ist Certain Gifts | and Contri | butions | | | | |
| 13. | Wit | hin 2 years before you | u filed for ban | kruptcy, did you | give any gifts with a total | value of more than \$600 per p | person? | |
| | V | No | | | | | | |
| | | Yes. Fill in the details f | or each gift. | | | | | |
| | | Gifts with a total valu per person | e of more tha | an \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | | |
| | | Person to Whom You G | ave the Gift | | | | | |
| | | | | | | | | |
| | | Number Street | | | | | | |
| | | Number Street | | | | | | |
| | | City S | State | Zip Code | | | | |
| | | Person's relationship to | you | | | | | |
| | | | | | | | | |
| | | Person to Whom You G | ave the Gift | | | | | |
| | | | | | | | | |
| | | N. selven. Otreset | | | | | | |
| | | Number Street | | | | | | |
| | | City | State | Zip Code | | | | |
| | | City S | siale | Zip Code | | | | |
| | | Person's relationship to | | Zip Code | | | | |

| | | 1 II St I Vallie | | Di | ocument Page 49 of 74 | | |
|------|------|---|-------------------|--|---|---|------------------------|
| 14. | With | nin 2 years before | you filed for b | | give any gifts or contributions with a total value of mor | re than \$600 to an | y charity? |
| | | No Yes. Fill in the deta | ils for each aift | or contribution. | | | |
| | | Gifts with a total per person | | | Describe the gifts | Dates you gave the gifts | Value |
| | | per person | | | | gave the ghts | |
| | | Charity's Name | | | | | |
| | | N. selver. Otrest | | | | | |
| | | Number Street | _ | | | | |
| | | City | State | Zip Code | | | |
| Part | | List Certain Lo | | | | | |
| 15. | | in 1 year before yo bling? | ou filed for ba | nkruptcy or since y | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | | No | | | | | |
| | Ц | Yes. Fill in the detainment Describe the property. | | and | Describe any insurance coverage for the loss | Date of your | Value of property lost |
| | | how the loss occ | | | Include the amount that insurance has paid. List pending | loss | |
| | | | | | insurance claims on line 33 of Schedule A/B: Property. | | |
| | | | | | | | |
| Part | 7: | List Certain Pa | yments or 1 | Transfers | | | |
| 16. | | | | nkruptcy, did you or pankruptcy petition? | r anyone else acting on your behalf pay or transfer any | property to anyor | ne you consulted about |
| | | | | | t counseling agencies for services required in your bankrupto | су. | |
| | | No | ile. | | | | |
| | ⊻ | Yes. Fill in the detai | 115. | | Description and value of any property transferred | Data navment | Amount of normant |
| | | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | The Semrad Law F | | | \$350.00 | 2/15/2016 | \$350.00 |
| | | Person Who Was F | Paid | | | | |
| | | 20 S. Clark # 28 Number Street | | | | | |
| | | | | | | | |
| | | Chicago | Illinois | 60603 | | | |
| | | City | State | Zip Code | | | |
| | | Email or website a | | | | | |
| | | Person Who Made | the Payment, if | Not You | | <u> </u> - | |
| | | Person Who Was F | Paid | | | | · |
| | | Number Street | | | | | |
| | | City | State | Zip Code | | | |
| | | Email or website a | ddress | | | | |
| | | Person Who Made | the Payment. if | Not You | | | |
| | | | , - , - | | | | |

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| Yes. Fill in the details. | Description and value of any pro | pperty transferred | Date payment or transfer | Amount of payme |
|---|--|--------------------------|--------------------------|--|
| | | | was made | |
| Person Who Was Paid | | | | |
| Number Street | | | | |
| City State Zip (| Code | | | |
| ordinary course of your business or financial nolude both outright transfers and transfers mad ransfers that you have already listed on this stater | e as security (such as the granting of a security in | | | - |
| Yes. Fill in the details. | Description and value of any | Describe any | property or payme | ents Date trans |
| | property transferred | | bts paid in excha | |
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| City State Zip (Person's relationship to you | Code | | | |
| | | | | |
| Person Who Received Transfer | | | | |
| Person Who Received Transfer Number Street | | | | |
| Number Street | Code | | | |
| Number Street City State Zip City Person's relationship to you Vithin 10 years before you filed for bankrupt These are often called asset-protection devices. | cy, did you transfer any property to a self-sett | tled trust or similar de | vice of which you | u are a beneficiary? |
| Number Street City State Zip C Person's relationship to you Within 10 years before you filed for bankrupt These are often called asset-protection devices. | cy, did you transfer any property to a self-sett | | vice of which you | u are a beneficiary? Date transwas made |

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Debtor 1 DusharCase 16-04756
First Name Doc 1

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tra | in 1 year before you filed for bankruptcy, were ansferred? de checking, savings, money market, or other finar eratives, associations, and other financial institutio | ncial accounts; certificates of deposit; s | | |
|-----|--------|---|--|------------------------------------|--|
| | | No Yes. Fill in the details. | | | |
| | _ | | Last 4 digits of account number | Type of account or instrument | Date account was closed, before closing or transfer or transferred |
| | | Person Who Was Paid | — XXXX- | Checking Savings | |
| | | Number Street | | Money market Brokerage | |
| | | City State Zip Code | | Other | |
| | | Person Who Was Paid | XXXX- | Checking Savings | |
| | | Number Street | | Money market Brokerage | |
| | | City State Zip Code | | Other | |
| 21. | | ou now have, or did you have within 1 year be ables? | fore you filed for bankruptcy, any s | afe deposit box or other deposito | ry for securities, cash, or other |
| | | No Yes. Fill in the details. | | | |
| | | | Who else had access to it? | Describe the contents | Do you still have it? |
| | | Name of Financial Institution Number Street | Name Number Street | | No Yes |
| | | Number Street | - | o Code | |
| | | City State Zip Code | - | | |
| 22. | | e you stored property in a storage unit or place No Yes. Fill in the details. | e other than your home within 1 yea | ar before you filed for bankruptcy | ? |
| | _ | | Who else had access to it? | Describe the contents | Do you still have it? |
| | | Name of Storage Facility | Name | | ☐ No ☐ Yes |
| | | Number Street | Number Street | | |
| | | City State Zip Code | City State Zip - | o Code | |

| Deb | otor 1 | Dushar Case 16-04756 Doc 1 First Name Middle Name | Filed 02M Docume | <u>15/136 Er</u> Ent ^{me} Paç | ntered | 5/16 /20:40: <u>31 Desc Mai</u> l | 1 |
|-----|--------|--|---------------------|---|--------------------|---|-----------------|
| Par | 9: | Identify Property You Hold or Contro | I for Someo | ne Else | | | |
| 23. | Do y | you hold or control any property that someone No Yes. Fill in the details. | e else owns? Ir | nclude any pro | perty you borro | wed from, are storing for, or hold in tru | st for someone. |
| | ш | res. i ili ili tire details. | Where is the | e property? | | Describe the contents | Value |
| | | Owner's Name | Number Stre | eet | | - | |
| | | Number Street | _ | | | - | |
| | | | - City | Stata | Zin Codo | - | |
| | | City State 7in Code | City – | State | Zip Code | | |
| | | City State Zip Code | | | | | |
| | | Give Details About Environmental In | iformation | | | | |
| For | · | urpose of Part 10, the following definitions apply: | | | | | |
| | ha | nvironmental law means any federal, state, or loca azardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clea | nto the air, land, | soil, surface wa | iter, groundwater | | |
| | | ite means any location, facility, or property as define used to own, operate, or utilize it, including dispo | • | vironmental law, | whether you now | own, operate, or utilize it | |
| | | azardous material means anything an environment xic substance, hazardous material, pollutant, conta | | | raste, hazardous s | substance, | |
| Re | | I notices, releases, and proceedings that you know | | | occurred. | | |
| | | | - | | | | |
| 24. | Has | any governmental unit notified you that you r | may be liable o | r potentially lia | able under or in | violation of an environmental law? | |
| | H | No Yes. Fill in the details. | | | | | |
| | | | Governmen | tal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| 25. | Hav | e you notified any governmental unit of any re | alease of hazar | dous material | 2 | | |
| _0. | | No | sicuse of mazar | uous materiai | • | | |
| | H | Yes. Fill in the details. | | | | | |
| | | | Governmen | tal unit | | Environmental law, if you know it | Date of notice |
| | | Name of site | Governmenta | al unit | | - | |
| | | Number Street | Number Stre | eet | | - | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| | | | | | | | |

| Debt | or 1 | DusharCase 16-04 First Name | 1756 Doc 1 Middle Name | Filed 02½15/156 Document F | Entered @2/4/15 Page 53 of 74 | h16 (20:10: <u>31</u> | Desc Main | | |
|------|----------|--|-------------------------------|---|----------------------------------|------------------------------|---|--|--|
| 26. | Hav | e you been a party in an | y judicial or administra | tive proceeding under a | ny environmental law | ? Include settlements a | and orders. | | |
| | ✓ | No | | | | | | | |
| | | Yes. Fill in the details. | | Count or organiza | | Neture of the coop | Status of the | | |
| | | | | Court or agency | | Nature of the case | Status of the case | | |
| | | Case title | | | | | Pending | | |
| | | | | Court Name | | | On appeal | | |
| | | | | Number Street | | | ☐ Concluded | | |
| | | Case number | | - City State | Zip Code | | | | |
| Part | 11. | Give Details About | Vour Business or | Connections to Any | • | | | | |
| | | | | | | | | | |
| 27. | With | nin 4 years before you fi | led for bankruptcy, did | you own a business or h | ave any of the follow | ing connections to any | business? | | |
| | | | • • | profession, or other activity | • | time | | | |
| | | A member of a limite A partner in a partner | | or limited liability partners | nip (LLP) | | | | |
| | | | or managing executive of | a corporation | | | | | |
| | | An owner of at least | 5% of the voting or equity | securities of a corporation | l | | | | |
| | | No. None of the above ap | | - h-l | | | | | |
| | Ц | Yes. Check all that apply a | above and fill in the details | s below for each business. Describe the natu | ure of the business | Employer Ide | ntification number Do not | | |
| | | | | | | | I Security number or ITIN. | | |
| | | Business Name | | | | EIN: | | | |
| | | Number Street | | | | Dates busines | ss existed | | |
| | | | | Name of account | ant or bookkeeper | | | | |
| | | City St | ate Zip Code | | | From | To | | |
| | | | | | | | | | |
| | | | | Describe the natu | ure of the business | | ntification number Do not I Security number or ITIN. | | |
| | | Business Name | | | | EIN: | | | |
| | | Number Street | | | | Dates busines | ss existed | | |
| | | | | Name of account | ant or bookkeeper | | | | |
| | | City St | ate Zip Code | | | From | То | | |
| | | | | | | | | | |
| | | | | Describe the natu | ure of the business | | ntification number Do not | | |
| | | | | | | | I Security number or ITIN. | | |
| | | Business Name | | | | EIN: | | | |
| | | Number Street | | Name of account | ant or bookkeeper | Dates busines | ss existed | | |
| | | City St | ate Zip Code | | | From | To | | |
| | | • | | | | | | | |
| | | | | | | | | | |

| Debtor 1 | | <u>-04756</u> | Doc 1 | Filed 02/41/5//1s6 | Entered 02/15/16/20:10:31 | Desc Main |
|----------|---|-----------------------------|------------------------------------|----------------------------|--|-----------------------------------|
| | First Name | | Middle Name | Documenter Netrol | Page 54 of 74 | |
| | thin 2 years before y ditors, or other parti | | ankruptcy, die | d you give a financial sta | atement to anyone about your business? In | clude all financial institutions, |
| ✓ | No Yes. Fill in the details | holow | | | | |
| | res. Fill lit the details | below. | | Date issued | | |
| | Name | | | MM/DD/YYYY | | |
| | Number Street | | | | | |
| | City | State | Zip Cod | <u> </u> | | |
| Part 12: | Sign Below | | · | | | |
| and | correct. I understan kruptcy case can res | d that makin | g a false state p to \$250,000, | ment, concealing prope | achments, and I declare under penalty of per erty, or obtaining money or property by fraud to 20 years, or both. 18 U.S.C. §§ 152, 1341, | in connection with a |
| | Signatu | | iis | | • • | |
| | Olgilata | re of Debtor 1 | _ | | Signature of Debtor 2 | |
| | · · | re of Debtor 1 2/16/2016 | _ | | | |
| Did | Date 2 | 2/16/2016 | | t of Financial Affairs for | Signature of Debtor 2 | Form 107)? |
| _ | Date 2 | 2/16/2016 | | t of Financial Affairs for | Signature of Debtor 2 Date | Form 107)? |
| _ | Date 2 | 2/16/2016 | | t of Financial Affairs for | Signature of Debtor 2 Date | Form 107)? |
| ✓ | Date 2 you attach additiona No Yes | 2/16/2016 Il pages to Yo | our Statement | | Signature of Debtor 2 Date | Form 107)? |
| Did | Date 2 you attach additiona No Yes | 2/16/2016 Il pages to Yo | our Statement | | Signature of Debtor 2 Date Individuals Filing for Bankruptcy (Official F | |

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B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Dushan Williams | | Case No. | |
|-------|---|--|--------------------------|---|
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 | COMPENSATION OF ATTOR 16(b), I certify that I am the attorney for the abovena | amed debtor(s) and th | at compensation paid to me within one |
| | year before the filing of the petition in bankruptcy, or a in connection w ith the bankruptcy case is as follows: | greed to be paid to me, for services rendered or to | be rendered on beha | alf of the debtor(s) in contemplation of or |
| | For legal services, I have agreed to accept | | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | | \$350.00 |
| | Balance Due | | | \$3,650.00 |
| 2. | The source of the compensation paid to me was: Debtor | Other (specify) | | |
| 3. | The source of the compensation paid to me is: Debtor | Other (specify) | | |
| 4. | I have not agreed to share the above-disclosed of members and associates of my law firm. | ompensation with any other person unless they are | е | |
| | | pensation with a other person or persons who are the agreement, together with a list of the names c ned. | | |
| 5. | In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, at | render legal service for all aspects of the bankru drendering advice to the debtor in determining w | | n in bankruptcy; |
| | b. Preparation and filing of any petition, schedu | les, statements of affairs and plan which may be r | equired; | |
| | c. Representation of the debtor at the meeting | of creditors and confirmation hearing, and any adj | ourned hearings there | eof; |
| | d. Representation of the debtor in adversary pr | oceedings and other contested bankruptcy matters | ; ; | |
| 6. | By agreement with the debtor(s), the above-disclosed | fee does not include the following services: | | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of areedings. | y agreement or arrangement for payment to me fo | or representation of the | e debtor(s) in this bankruptcy |
| | 2/16/2016 | /s/ Michael Spa | angler 6310219 | |
| | Date | Signature | of Attorney | |
| | | Semrad | Law Firm | |
| | | Name of | f law firm | _ |
| | | | | |

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Northern District of Illinois

| re_ | Dushan Williams | | Case No. | |
|---------------|--|---|--|--|
| | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATION | I OF ATTORNEY FOR D | EBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. year before the filing of the petition in bankruptcy, or in connection with the bankruptcy case is as follows: | or agreed to be paid to me, for se | omey for the abovenamed debtor(s) and the roles rendered or to be rendered on beha | at compensation paid to me within one off of the debtor(s) in contemplation of or |
| | For legal services, I have agreed to accept | | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | | \$350.0 |
| | Balance Due | | | \$3,650.00 |
| 2. | The source of the compensation paid to me was: Debtor | Other (specify) | | |
| 3. | The source of the compensation paid to me is: Debtor | Other (specify) | | |
| 4. | I have not agreed to share the above-disclose members and associates of my law firm. | ed compensation with any other pe | erson unless they are | |
| | I have agreed to share the above-disclosed or members or associates of my law firm. A copy the people sharing in the compensation, is at | y of the agreement, together with | or persons who are not a list of the names of | |
| 5. | In return for the above-disclosed fee, I have agreed a. Analysis of the debtor's financial situation. | d to render legal service for all as , and rendering advice to the deb | spects of the bankruptcy case, including: tor in determining whether to file a petition | in bankruptcy; |
| | b. Preparation and filing of any petition, sche | edules, statements of affairs and p | plan which may be required; | |
| | c. Representation of the debtor at the meeting | ng of creditors and confirmation h | nearing, and any adjourned hearings there | of; |
| | d. Representation of the debtor in adversary | proceedings and other contested | l bankruptcy matters; | |
| 6. | By agreement with the debtor(s), the above-disclos | sed fee does not include the follov | wing services: | |
| , | | CERTIFICATI | ION . | *************************************** |
| | | | | |
| roce | certify that the foregoing is a complete statement of edings. | any agreement or arrangement fo | or payment to me for representation of the | debtor(s) in this bankruptcy |
| | | | \mathcal{M} | Nee Spingle |
| | 2/15/2016 | | /s/ Michael Spangler 6310219 ' | |
| | Date | | Signature of Attorney | , |
| | *************************************** | | Semrad Law Firm | |
| | | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

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C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

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tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 4027.00 ; and \$ 67.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 2/15/110 | |
|----------------|----------------------------|
| Signed: | |
| | Ma 100/01/10 |
| Debtor(s) | Attorney for the Debtor(s) |

Do not sign this agreement if the amounts are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$310 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$235 | filing fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| In re: | Williams, Dushan Debtor(s) | Case No | | | | | | |
|--------|--|---|---|-----|--|--|--|--|
| | Debtor(s) | Chapter. | Chapter13 | | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | | |
| | The above named Debtors hereby verify that the a | ttached list of creditors is true a | nd correct to the best of their knowled | ge. | | | | |
| | | | | | | | | |
| Date: | 2/16/2016 | /s/ Williams, Dusha Williams, Dushan | n | - | | | | |

Signature of Debtor

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IL DEPT OF HEALTHCARE 100 S GRAND AV EAST Springfield , IL 62705

FED LOAN SERV P.O. Box 60610 Harrisburg , PA 17106

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FED LOAN SERV P.O. Box 60610 Harrisburg , PA 17106

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057

NW COLLECTOR 3601 ALGONQUIN RD SUITE 232 ROLLING MEADOW , IL 60008

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256

HARVARD COLL 4839 N Elston Ave Chicago , IL 60630

MIDSTATE COLLECTION SO 2009B Round Barn Rd Champaign , IL 61821

STELLAR RECOVERY INC 4500 Salisbury Rd Ste 10 Jacksonville , FL 32216 Case 16-04756 Doc 1 Filed 02/15/16 Entered 02/15/16 20:10:31 Desc Main CONVERGENT OUTSOURCING Document Page 69 of 74 RENTON, WA 98057

CREDIT MANAGEMENT LP 4200 INTERNATIONAL PKWY CARROLLTON, TX 75007

LOU HARRIS COMPANY 613 ACADEMY DR NORTHBROOK , IL 600622420

AFNI, INC. PO BOX 3427 BLOOMINGTON, IL 61702

US DEPT VETS POB 11930 ST PAUL, MN 55111

Tennessee Department of Human Services 400 DEADRICK ST NASHVILLE , TN 37248

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57104

NAVY FEDERAL CR UNION PO Box 3000 Merrifield , VA 22119

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

HARRIS & HARRIS LTD 111 W JACKSON BLVD S-400 CHICAGO , IL 60604

Commonwealth Edison ATTN: Bankruptcy Department: 2100 Swift Drive Oak Brook , IL 60523

IL DEPT OF HEALTHCARE 100 S GRAND AV EAST Springfield , IL 62705

Dana Flores 100 S GRAND AV EAST Springfield , IL 62705

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|---|--|--|
| Debtor 2 | Lastivalnes | |
| (Spouse, if filing) First Name Middle Name | Last Name | |
| | 2401.141.110 | |
| United States Bankruptcy Court for the: Northern | District of Illinois | |
| Case number | (State) | |
| (If known) | | |
| Official Form 106Dec | | Check if this is a amended filing |
| Declaration About an Individual De | btor's Schedules | 12/1 |
| If two married people are filing together, both are equally responsi | ble for supplying correct information. | |
| You must file this form whenever you file bankruptcy schedules or property by fraud in connection with a bankruptcy case can result i 1519, and 3571. Part of Sign Below | amended schedules. Making a false statement, con in fines up to \$250,000, or imprisonment for up to 20 | cealing property, or obtaining money or years, or both. 18 U.S.C. §§ 152, 1341, |
| Did you pay or agree to pay someone who is NOT an attorney | to help you fill out bankruptcy forms? | |
| ✓ No | | |
| Yes. Name of person | Attach Bankruptcy Pelition Preparer's Notice, De Signature (Official Form 119). | eclaration, and |
| Under penalty of perjury, I declare that I have read the summare that they are true and correct. Is/ Dushan Williams Signature of Debtor 1 | ry and schedules filed with this declaration and Signature of Debtor 2 | |
| Date 2/15/2016 | Date | |
| MM/DD/YYYY | MM/DD/YYYY | |

| 28. Within 2 years before you filed for bankruptcy, did you creditors, or other parties. | ed 02/15/16 Entered 02/15/16 20:10:31 Desc Main Bocument states and to provide all financial institutions, | | | |
|--|---|--|--|--|
| No Yes. Fill in the details below. | | | | |
| | Date issued | | | |
| Name | MM/DD/YYYY | | | |
| Number Street | _ | | | |
| City State Zip Code | - | | | |
| Part 12: Sign Below | | | | |
| /s/ Dushan Williams | concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | | |
| Date 2/15/2016 | Date | | | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No Yes | | | | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | |
| ☑ No | | | | |
| Yes. Name of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |

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/s/ Williams, Dushan Williams, Dushan Signature of Debtor

| | 1777000 M. I. Mari I. Ma | | |
|--------|---|--|-------------|
| 16 | . Calculate (New preción Gardill/7506 me (Den Alies to | <u> </u> |) |
| | 16a. Fill in the state in which you live. | Document Page 74 of 74 | • |
| | 16b. Fill in the number of people in your household. | 3 | |
| | 16c. Fill in the median family income for your state and | Size of household | Ф70.2.12. |
| | To find a list of applicable median income amount also be available at the bankruptcy clerk's office. | s, go online using the link specified in the separate instructions for this form. This list may | \$72,343.00 |
| 17. | 45 | | |
| | 10101 3 1020(0)(0). 30 to 1 air 3. Bo (10) 1 | ne top of page 1 of this form, check box 1, <i>Disposable income is not determined under 11</i> fill out <i>Calculation of Disposable Income</i> (Official Form 122C-2). | |
| | 17b. 17b. q Line 15b is more than line 16c. On the to § 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 above | op of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C.</i> Ilation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy | |
| Par | 3: Calculate Your Commitment Period Und | der 11 U.S.C. §1325(b)(4) | |
| 18. | Copy your total average monthly income from line 1 | 1. | \$414.00 |
| 19. | 1 0.0.0, 8 1050(D)(4) 810M2 A | e married, your spouse is not filing with you, and you contend that calculating the ou to deduct part of your spouse's income, copy the amount from line 13. | V-1100 |
| | 19a. If the marital adjustment does not apply, fill in 0 on li | ne 19a. | -\$0.00 |
| | 19b. Subtract line 19a from line 18. | | \$414.00 |
| 20. | Calculate your current monthly income for the year. | Follow these steps: | |
| | 20a. Copy line 19b. | | \$414.00 |
| | Multiply by 12 (the number of months in a year), | | x 12 |
| | 20b. The result is your current monthly income for the year | ar for this part of the form. | \$4,968.00 |
| | 20c. Copy the median family income for your state and siz | ze of household from line 16c. | \$72,343.00 |
| 21. | How do the lines compare? | | |
| | Line 20b is fess than line 20c. Unless otherwise orders period is 3 years. Go to Part 4. | ed by the court, on the top of page 1 of this form, check box 3, The commitment | |
| | Line 20b is more than or equal to line 20c. Unless other commitment period is 5 years. Go to Part 4. | erwise ordered by the court, on the top of page 1 of this form, check box 4, The | |
| वाते / | Sign Below | | |
| | By signing here I declare under nevelt of animal | | |
| | or perjury that | t the information on this statement and in any attachments is true and correct. | |
| | 🗴 /s/ Dushan Williams | x | |
| | Signature of Debtor 1 | Signature of Debtor 2 | |
| | Date 2/15/2016 | Data | |
| | MM/DD/YYYY | Date | |
| | If you checked 17a, do NOT fill out or file Form 122C-2 If you checked 17b, fill out Form 122C-2 and file it with | this form. On line 39 of that form, copy your current monthly income from line 14 above | |